21602 99438	20600 3			State of Nebraska Investigator's Motor Vehicle Accident Report  Sheet 1 of 2														2	
1	Total Nu		District OOC Case P6 044100								HIT & RUN		NVESTIGATION MADE AT SCENE?						
A/1	of Vehi		M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					4190					YES (In Mil	)	X YES NO			1	
02	DATE OF ACCIDENT	05/2			Y Y	Y Y	SM	TV	N TH	F S	TIME	DF	1543	itary Time)	01/112 00	L 011L			
A/2	ACCIDENT									ACCIDENT POLICE									
	PLACE OF	COUNTY	Lancaster							NOTIFIED 1543			05/20/2016						
В	ACCIDENT	CITY	Line	coln					PRIVATE YES NO PROPERTY?				YES NO	LATITUDE				-	
61	ROAD O			STREET/ HIGHWAY N	o. 905 E	ST						ONE-WAY YES NO STREET?				, builde			
с 1	DISTANCE	FROM	FEET		N	S E	W OF	EPOST	HIGHWAY NO.					LONGITUE	ÞΕ			1	
D	MILEPO	ST	IF AT INTERSECTION						IF NOT AT INTERSE				FCTION						
1		NAM	ME OF INTERSECTING ROADWAY					<b>X</b> FE	FEET MILES N S E			Е		L T, BRIDGE, RAILROAD CROSSING				1	
V1/M								84.	84.00 X				9th						
01	MILES N S F W AND N								MITS, INDICATE DISTANCE FROM NEAREST TOWN S   E   W   OF NEAREST							1			
V2/M	WILLS		ľ	N S E	MILES			IN .	S E		TY OR TOV								
	R. WORK	R1	R2	R3 R4	S. PEDES	STRIAN S1 SIFICATION		S2	S3	S4 S	5-a S5-b	S6-a	s S6-b			NT INVOLVE DAMAGE TO OF ROADS' PROPERTY?			1
E 2	ZONE CODES	1			CODES		-ICATION							○YE	s 🗴 NO				
								VEI	HICLE	NO. 1									1
F 1	DRIVER LICENSE		NO.	H12763	3250									STATE (Of License)	NE	SI		FEMALE	
V1/N	DRIVER HILLAR	V S D	LIGO	24N							PHONE				LOCAL N	0.			1
1	DRIVER ADDRI	ESS				CITY,	STATE, 2	ZIP						DATE OF	08/18	2/40	0.4		V1/1
V2/N	61/BS	I, LIN	ICOI	LN, NE	68510						PHONE			BIRTH (MM / DD / YYY	LOCAL N		04		42
G	HILLAR		IGG/	AN							860		4576	○ YES					V1/2
1	OWNER ADDRESS CITY, STATE, ZIP 617 B ST, LINCOLN, NE 68510							ZIP					CITATION  PENDI	CHAHON	CITATION NO.			V1/3	
Н	LICENSE PLATE	PA	NO.	6C1617								(Pl	YEAR ate Expires)	2016		STA (Of P		NE	1 1/3
5	VEHICLE		YE	EAR	MAKE		MODEL			BODY S		, ·	COLOR	E	STIMATED I	DAMAG	iΕ		V1/4
V1/O		т'	1998		Chevrole	<b>)</b>	C/S			2 do	or Sed	an	red INSURANC	E COMPANY	TOTALE	D 🍑	300		V1/5
2 V2/O	2 VEHICLE ID NO. (VIN) 3G1JC1248WS850793 progressive													42					
	TOWED TO					TOWED B	1							05392					V1/6
Ι.								VEI	HICLE	NO. 2				07177					35
1	DRIVER LICENSE		NO.											STATE (Of License)			- x	FEMALE MALE	
V1/P <b>4</b>	DRIVER							PHONE					LOCAL NO.			V2/1			
<b>4</b> V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP					ZIP			l			DATE OF BIRTH (MM / DD / YYY	F				1
	OWNER										PHONE			(MM / DD / YYY	LOCAL N	O.			V2/2
J	OWNER ADDR	ESS				CITY,	STATE, 2	ZIP				lc	CITATION	YES	CITATION	NO.			V2/3
01													○ PENDI	NG NO					1
V1/Q 3	LICENSE PLATE		NO.									(Pla	YEAR ate Expires)			STA (Of P	late)		V2/4
V2/Q	VEHICLE	YEAR	2		MAKE		MODEL			BODY S	TYLE		COLOR		STIMATED I		Ε		V2/5
	VEHICLE ID						<u> </u>						INSURANC	E COMPANY		- +			1,2,0
K	NO. (VIN) TOWED TO					TOWED B	Υ						POLICY NO	).					V2/6
01				41.1								_			1 1	2	3	4   5	
		Comp (Con	<b>plete</b> oplete	e tnis se a continuation	ection for ion report, if n	r all in nore than	three w	ı pers ere injur	red)					OF BIRTH DD / YYYY)	Seat Position	Eject	Body Region		Ins. SEX
VEH. #	NAME				AD	DRESS													
	LOCAL NO.		MEDICAL FACILITY NAME						EMS SERVICE NAME					EMS RU	EMS RUN REPORT NO.				
VE::	NAME																	1	
VEH. #					AL	-CINEOU													
	LOCAL NO.		MEDI	CAL FACILITY!	NAME				EMS SE	RVICE NA	ME				EMS RU	N REP	ORT NO.		
VEH. #	NAME				AD	DRESS						Т							
	LOCAL NO.		MED	CAL FACILITY	NAME				EMC OF	DV/ICE NA	ME				EMC DI	N DEC	OPT NO		
	LOUAL INU.	MEDICAL FACILITY NAME							EMS SERVICE NAME				EMS RUN REPORT NO.						

		THE FULLOWII	NG INFORMATIC	N IS REQUIRED I				
, \			INDICATE	BY DIAGRAM WHAT HA		-044190		
	•							
Indicate North by Arrow	·							
			•	E ST	POI -84'3" E of E curb of 9th ST -20'3" N of N curb of alley			
		I	1 1 -					
			l l ran	ing lot of 103 E				
		1						
		S. 9th		1				
					P.OJ.			
	·	ļ		1				
		ı	ı	Alley				
		Not to scale, all measurements approxima	te					
OBJECT DAMA	GED	OWNER NAME	ADDRESS		PHONE		APPROX. COST	OF DAMAGE
OBJECT DAMA		OWNER NAME	ADDRESS ADDRESS		PHONE PHONE		\$ APPROX. COST	
OBJECT DAMA	GED	OWNER NAME	ADDRESS ADDRESS			PHOI	\$ APPROX. COST \$	OF DAMAGE
OBJECT DAMA	GED		ADDRESS ADDRESS	2			\$ APPROX. COST \$ NE D22028443	OF DAMAGI
OBJECT DAMA  NAME  MICHA  NAME  VEHICLE	GED	OWNER NAME  AN 1211 PLUM, LIN	ADDRESS  COLN, NE 6850: ADDRESS	2		4(	\$   APPROX. COST   \$   S	OF DAMAGI
NAME  NAME  VEHICLE BEFORE	EL A PATL  MOVEMENT  COLLISION	OWNER NAME  AN 1211 PLUM, LINI  POINT OF II  MOST DAM.  (Enter numbers	ADDRESS  ADDRESS  COLN, NE 6850:  ADDRESS	2 AIRBAG DEPLOYED	PHONE  RESTRAINT USE	4(	\$ APPROX. COST \$ NE D22028443 NE VEH 1 2	OF DAMAGE
OBJECT DAMA  NAME  MICHA  NAME  VEHICLE  BEFORE  H. N. S. E. W.	E MOVEMENT E COLLISION	OWNER NAME  AN 1211 PLUM, LINI  POINT OF II  MOST DAM.  (Enter numbers	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1	TOTAL OCCUPAN ALCOHOL TESTING	\$   APPROX. COST   \$   DO	OF DAMAGE
NAME  NAME  VEHICLE BEFORI  D. N S E W	E MOVEMENT E COLLISION	OWNER NAME  AN 1211 PLUM, LINE  POINT OF II  MOST DAM.  (Enter numbers	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA for each vehicle)	AIRBAG DEPLOYED VEHICLE 1  4  1 Deployed - front	RESTRAINT USE VEHICLE 1  1 2 1 None used - vehicle occupan	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL	\$   APPROX. COST   \$   DOI: 10.1   \$   APPROX. COST   \$   DOI: 10.1   \$   APPROX. COST   \$   APPROX. COST	VEH 2
NAME  VEHICLE BEFORE  N S E W	ELAPATL  E MOVEMENT E COLLISION ROAD OR HIGHWAY NAM 9th ST	POINT OF II MOST DAM. (Enter numbers  VEHICLE 1  POINT OF IMPACT IMPACT DAMAGED 08	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF	AIRBAG DEPLOYED VEHICLE 1	RESTRAINT USE VEHICLE 1  1	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL TESTED BAC LEVEL	\$   APPROX. COST   \$   APPROX. COST   \$   Driver   1	VEH 2 river Ped o. 2 tris
NAME NAME  VEHICLE BEFORE  CHICALE  NAME  VEHICLE  NAME  VEHICLE  NAME  VEHICLE  NAME  VEHICLE  NAME  NAME	EL A PATL  E MOVEMENT E COLLISION  ROAD OR HIGHWAY NAM  9th ST	POINT OF II MOST DAMM.  (Enter numbers  VEHICLE 1  POINT OF IMPACT  DAMAGED DAMAGED DAMAGED AREA  OWNER NAME  POINT OF III  MOST DAMAGED AREA  08	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF IMPACT  MOST DAMAGED AREA AREA	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	PHONE  RESTRAINT USE VEHICLE 1  1	TOTAL OCCUPAN  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOID DRU	\$   APPROX. COST   \$   APPROX. COST   \$   Division   \$   \$   \$   \$   \$   \$   \$   \$   \$	VEH 2 river Ped o. 2 tris
NAME NAME  VEHICLE BEFORE  CH. N S E W  X Z	ELAPATL  E MOVEMENT E COLLISION  ROAD OR HIGHWAY NAM  9th ST  06 Turning left 07 Making U-t 08 Entering traffic lane 09 Leaving	POINT OF II MOST DAMM.  (Enter numbers  VEHICLE 1  POINT OF IMPACT  DAMAGED AREA  00 None 09 Top & windows	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF IMPACT  MOST DAMAGED AREA  2   03   04	AIRBAG DEPLOYED VEHICLE 1  4  1 Deployed - front 2 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown	RESTRAINT USE VEHICLE 1  1 None used - vehicle occupar 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL LEVEL BAC LEVEL ALCOL DRU SUSPE	\$   APPROX. COST   \$   APPROX. COST   \$   Division   \$   \$   \$   \$   \$   \$   \$   \$   \$	VEH 2 Ped 0. 2 triver N N N N N N N N N N N N N N N N N N N
OBJECT DAMA  NAME  WEHICLE BEFORE  H. N. S. E. W.  X. J.  2. O1  Essentially straight aheace Backing	ELAPATL  E MOVEMENT E COLLISION  ROAD OR HIGHWAY NAM  9th ST  06 Turning left 07 Making U-t 08 Entering traffic lane 09 Leaving	POINT OF II MOST DAMM. (Enter numbers  VEHICLE 1  POINT OF IMPACT 08  MOST DAMAGED 08  AREA 08  ON None 09 Top & windows 10 Undercarriage 11 Total (all areas)	ADDRESS  COLN, NE 6850: ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF IMPACT MOST DAMAGED AREA  2   03   04  - 05	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available	RESTRAINT USE VEHICLE 1  1 None used - vehicle occupar 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used	TOTAL OCCUPAN  ALCOHOL TESTING  ALCOHOL LEVEL TESTED  BAC LEVEL  ALCOI DRU SUSPE  1 Neither 2 Yes - alc 3 Yes - dru	S APPROX. COST S D22028443 NE ITS VEH 1 2 L Driver No. 1 N. Y Y Y Y N X N HOL/GS TED Alcohol nor drug cohol suspected ups suspected cohol & drugs su	VEH 2 Ped o. 2 trice Y N N Siver No. 1 No.
NAME  NAME  VEHICLE BEFORE  H. N S E W  X  2  Continue to the	EL A PATL  E MOVEMENT E COLLISION  ROAD OR HIGHWAY NAM  9th ST  06 Turning left 07 Making U-t 08 Entering traffic lane 09 Leaving traffic lane 10 Parked es 11 Slowing or stopped in	POINT OF II MOST DAM.  (Enter numbers  VEHICLE 1  POINT OF IMPACT DAMAGED AREA  00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other  ONE OF TROOP/	ADDRESS  COLN, NE 6850:  ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF IMPACT  MOST DAMAGED AREA  2   03   04	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	PHONE  RESTRAINT USE VEHICLE 1  1	TOTAL OCCUPAN  ALCOHOI TESTING  ALCOHOI LEVEL TESTED  BAC LEVEL  ALCOI DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - dru 4 Yes - alc 5 Unknow	S APPROX. COST S D22028443 NE ITS VEH 1 2 L Driver No. 1 N. Y Y Y Y N X N HOL/GS TED Alcohol nor drug cohol suspected ups suspected cohol & drugs su	VEH 2  VEH 2  Viver Ped o. 2 tri:  Y N  No. 1 No. 2  Suspected
OBJECT DAMA  NAME  WEHICLE BEFORI  N S E W  X X  O1  Essentially straight ahead Backing Changing land Overtaking/ Passing Turning right FICER NO.	EL A PATL  E MOVEMENT E COLLISION  Packed  Of Turning left Of Making U-t 08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in 12 Other	POINT OF II MOST DAM. (Enter numbers  VEHICLE 1  POINT OF IMPACT  ON NOST DAMAGED AREA  00 None 09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other  TROOP/ TEAM/ BEAT NW	ADDRESS  COLN, NE 6850:  ADDRESS  MPACT AND AGED AREA for each vehicle)  VEHICLE 2  POINT OF IMPACT  MOST DAMAGED AREA  2   03   04	AIRBAG DEPLOYED VEHICLE 1  1 Deployed - front 2 Deployed - side 3 Deployed - both front/side 4 Not deployed 5 Not applicable/ No airbag available 6 Unknown  VEHICLE 2	PHONE  RESTRAINT USE VEHICLE 1  1	TOTAL OCCUPAN ALCOHOL TESTING ALCOHOL TESTED BAC LEVEL ALCOI DRU SUSPE 1 Neither 2 Yes - alc 3 Yes - dru 4 Yes - alc 5 Unknow	S APPROX. COST S DIE DIE DE	VEH 2 VEH 2 VI VEH 2